

PAGE NUMBER: _____

DATE: _____

CERTIFICATE OF DESTRUCTION FOR CLASSIFIED DOCUMENTS

DESCRIPTION (Title, Subject Matter, Control Numbers, etc.)	DATE OF DOCUMENT	CLASSI- FICATION	COPY NUMBERS	DISPOSITION AUTHORITY

I certify that the documents listed above were destroyed in accordance with current security directives.

Signature and title of person witnessing destruction

Signature and title of person witnessing destruction

Date

Date